MANLEY (T. H.)

The Early Operation for Hare-lip. With the Report of Two more Cases.

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THE EARLY OPERATION FOR HARE-LIP.

WITH THE REPORT OF TWO MORE CASES.

By THOMAS H. MANLEY, M. D.,
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In the issue of the Journal for June 15, 1889, I contributed a short report on a case of hare-lip, with a few comments, and, as I have had some further experience with the operation for this deformity since, I will further lean on the indulgence of the readers of the Journal, with the hope that, as the subject of oral surgery is seldom dwelt on in current medical literature, I may be permitted to again ask their attention to a further consideration of the congenital impediments met with in the naso-maxillary region.

I have little original to present in connection with these two additional cases, except that, with an extended experience, I am *more than ever* assured that the period of life at which those cases of congenital cleavage through the lip or gum should be operated on is the *very earliest* possible, while the osseous tissues are in an immature state and capable of enduring *forcible* manipulation without imperiling or disturbing their integrity.

On the 14th of last August (1889) I operated on two cases of hare-lip at my clinic in the Harlem Hospital.

Case I.—This infant, a female, healthy child, was sent to me for operation from Brooklyn. She was the first-born of a

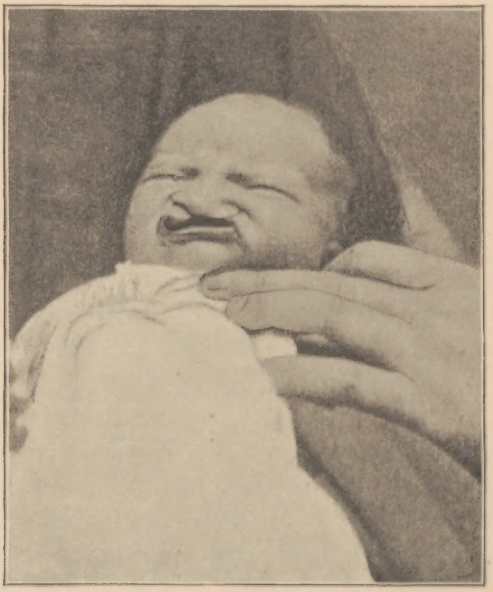

Fig. 1.—First case, before operation.

young married couple, coming into the world just *four days* prior to operative procedures—*i. e.*, she was born on Saturday, and we took the case in hand for relief on the following Wednesday. The mother, a most intelligent lady, assured me that she had not the slightest recollection of having been in any way alarmed or frightened during her pregnancy, and hence could in no way account for her offspring's pitiable condition.

As is seen in the photograph before operation, the grimace is most marked and offensive. It would seem at first sight that the greater part of the alveolar arch, anteriorly, was wanting, for that irregular, oblong, dark space here observable extends directly into the buccal cavity; and the nose, from its flat-

tened, distorted position, falling in on one side, and twisted upward and backward on the other, is suggestive of hypertrophy or excessive volume, and its general outline is such as would give but little hope of ever being able to establish—I will not say restore—even a moderate degree of harmony of expression, in this situation, by any sort of plastic operation. There is practically no upper lip, and when the mouth is closed the oral orifice is occluded only by bringing together the broad, flattened columna naris and the vermilion border of the lower lip. The nares are obliterated, owing to the collapse of the nose and the retraction of the divided labium. No intermaxillary bones are visible, and the *apparent* loss or absence of tissue is very great. It was only too evident to the most casual observer that an operation *limited* to the *soft tissues* would be of no avail. Now, on making a critical examination of the parts, I found what is usually the case—viz., *no loss* of tissue whatever, except, perhaps, some slight *atrophy* of various muscles. It is not without interest to note the peculiar manner in which *all* the facial muscles seem to participate in this deranged and disordered action, best seen near the oral commissures.

Looking into the mouth, I discovered that a cleft extended through the palatine vault on one side; the velum, as well as the harder tissues, was opened through.

In considering the question of operation, and carefully weighing in my mind the possible dangers and results, I finally concluded that the initial step in this case must be the *restoration* of the bony framework. As a preliminary, it was imperative that an osteoclasis or an osteotomy must be performed, and it was quite clear that, if this were successful, the other details of the operation were of trifling importance.

Some sort of abnormal pressure and contraction were brought to bear in intra-uterine existence the effects of which must be overcome by the same forces, exerted immediately on the child's entrance to extra-uterine life—viz., counter-pressure and *re*traction.

Operation.—The infant was placed in the arms of the nurse, the latter seated in a high arm-chair, when chloroform was administered.

The whole of the right segment of the alveolar arch with the corresponding maxilla was seized with the thumb and fingers of the right hand, and when engaged in this grip the left hand was brought to bear on it, and now, with steady, continuous pressure of the whole body concentrated on this ridge of bone, the wall of the face was felt to gradually give way, until the outer surface of the intermaxillary bone came into immediate contact with the maxillary segment of the left side.

Now the edges of the separated osseous tissues were freely pared and the alveolar processes of the maxillary and intermax-

FIG. 2.—First case, after operation.

illary bones solidly riveted together by heavy silver wire. This manœuvre, though somewhat difficult of execution, produced a most marvelous change. Indeed, for the moment it seemed to have restored the natural contour of the entire face. The

whole of the open chasm was filled in, the alveolar structure for the lodgment of all the central and lateral superior incisors being brought into position, that flattened-out shape of the nose disappeared, the cleavage in the hard palate on a line with the gum was sealed, and the deeper cleft very much diminished in width. An expression of peaceful composure replaced the vicious scowl of but a moment before.

I now dissected very carefully, passing in an inward direction from the frenum labii of the left side, until the root of the levator labii superioris alæque nasi was reached and freely divided.

The remainder of the operation was very simple. My only care was *not to sacrifice* the smallest particle of any species of tissue whatever.

The after-treatment was uneventful, except that some of the cuticle sutures—which were silk—ulcerated through, requiring wire to be substituted.

The cut is the baby's likeness when she was four months old.

Case II was that of a baby just six days old, sent to me by Dr. George D. McGauran, of New York. The patient which forms the subject of this history was another female, the fourth child of healthy parents; was hearty and vigorous at birth. The mother alleged in this instance that, when she was three months pregnant with *the preceding child*, one day her husband playfully seized her upper lip between his thumb and index-finger, producing a teat-like projection of the parts. While doing this he held a mirror suddenly before her, which, when she saw the distorted lip, gave her a great start, and later occasioned her much worry. Her baby was born with a reduplication of this disfigurement. It had, as in the present case, an extensive breach through the tissues of precisely the same description; was operated on by one of our best surgeons when six months old, but died the following day.

We had here a bilateral cleft through *everything*, from the labial integuments through the alveolus, the palate, hard and soft, on both sides, opening fully and freely into the nasal cavities.

The intermaxillary bones were crowded forward and up-

ward, and were attached to the nasal septum by a narrow, diminutive stalk. Though the palatine vault was divided on

Fig. 3.—Second case.

both sides, the separation was not very considerable, and I hoped, by steady pressure under ether, to fairly approximate them and form a floor for the nares. In operating on this little one a condition of things was encountered entirely unexpected. I found the bony structures of the superior maxillæ in advanced ossification, requiring for the first time the use of the osteotome. The bony tissues were partly divided, a little posterior and beneath the malar maxillary articulation just below the insertion of the masseter muscle, very close to where the internal maxillary artery courses on its way to the brain.

This done on either side, when both segments came quite

readily toward each other. As the intermaxillary bone was pendulous and movable, I decided to remove it altogether.

After this the operation was completed in the usual way. As in the preceding case, I was obliged on the seventh day to insert two fine silver sutures, for in both of these cases the aseptic silk suture caused irritation and threatened to ulcerate through.

Everything went smoothly after the operation, except for the annoyance with the first set of sutures, till she was three weeks old, when we had a hot, sultry spell of weather; then she developed cholera infantum and died. Union had completed and the operation had been successful, when she was carried away by this bowel trouble.

I am well aware that I am at variance with many distinguished operators in advising remedial measures so early in life. But there have been, and are, many well-known surgeons, both in this country and abroad, who advise interference as soon after birth as possible. MM. Guersant and Giraldès* advise operation before the end of the first week; and Sir James Fergusson said the earlier the better, from any time within a few hours of birth. If circumstances would permit, I should much prefer to reduce the operation to two stages, and do each at separate intervals.

First stage, do a preliminary confined to the osseous structures, when the rent or cleavage involved them; when it did not, of course, one operation alone is necessary.

The second stage would consist in merely trimming, and would entail but little difficulty.

With the first operation we must bear in mind that the bones of the jaws and palate will endure pressure longer and with greater impunity than any other in the body. If this were not the case, modern dentistry would be an impossibility.

But the soft, velvety, vascular tissues in this region, with

* Gazette hebdomadaire de méd. et de chir., Mai 1874.

their spongy, elastic, bony framework, will bear with safety *prolonged* manipulation, when this is *judiciously applied.*

Hence, when necessary, the importance of proceeding gently but persistently with the parts of an osseous character, with a view of restoring to its *fullest* degree the normal expression of the face.

By a singular coincidence, all my cases last year were girls. Championnière reports 346 cases as having been operated on in the Hôtel Dieu, of which 210 were in boys and 136 in girls, though he says that this is directly at variance with the reports of other surgeons.

While it is indispensable that every detail of the operation be faithfully carried out, and that it be modified under varying circumstances, yet our best efforts will be futile if our cases are not *intelligently* nursed.

If there is much pain accompanied with uneasiness, small doses of paregoric should be given in order to keep the infant quiet, for the act of crying is destructive to union. Although many cases in surgery may be safely handed over for future care to the general practitioner, this is of a class in which the surgeon should not relinquish his control for at least ten days—not until union of the parts is solid and permanent.

If the mother has a good supply of breast-milk, it should be drawn daily and given to the infant, when, if everything goes well, in a short period of time it will be all taken in nursing the baby.

The heavy silver-wire rivets I leave in the jaws for a month or more. They produce no irritation and form a most valuable support for all the parts, till the tissues have accommodated themselves to the condition of re-position.

These rivets I regard as the "keystone to the arch," for, these failing, everything fails.

I never divide the frenal attachment of the lip to the

gum, unless it be along the line of cleavage, for it invariably reunites and leaves the free, movable labial border more corrugated and contracted than ever.

I always provide against hæmorrhage when possible by, before cutting into anything, applying the temporary transfixion ligature.

Pain subdued by anæsthesia, infection prevented by the application of antiseptics, and bleeding made impossible, the operation is attended and followed by no shock, and a rapid recovery with a cure of the distortion should be the rule.

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